Entered - 08-01-01 - sb CL 01L0493 - GWENDOLYN BURNS

CLAIM OF:

JOHN HALL

2634 Arrowood Drive Atlanta, Georgia 30344

01- 2-1398

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sent Newell

For vehicular damages alleged to have been sustained as a result of an automobile accident on July 24, 2001 at Rockwood Road, NW and H.E. Holmes Drive, NW.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to JOHN HALL the sum of \$1,119.35 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of an automobile accident on July 24, 2001 at Rockwood Road, NW and H.E. Holmes Drive, NW as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0493	Date: <u>August 24, 2001</u>
Claimant /Victim JOHN HALL	· · · · · · · · · · · · · · · · · · ·
Claimant / Victim	
BY: (Atty) (Ins. Co.)	Georgia 30344 e \$ 1,200.00 Bodily Injury \$
Claim for Property damage	e \$ 1,200,00 Bodily Injury \$
Deta of Notice: 7/30/01 Method	: Written, Proper X Improper
Conforms to Notice: O.C.G.A. 836-33-5	e \$ 1,200.00 Bodily Injury \$ Live the second Road Bodily Injury \$ Live the second Roa
Date of Occurrence 7/24/01	Place: Rockwood Road, NW & H.E. Holmes Drive, NW
Department PARKS, RECREATION & CULTU	RAL AFFAIRS Division Parks
Employee involved Keena L. Brooks	Disciplinary Action: <u>Terminated on 7/30/01</u>
	ained damage when it was backed into by a city vehicle. The city
INVESTIGATION:	
Statements: City employee Claimant	Others Written Oral Police X Dept Report Other
Pictures Diagrams Reports:	Police X Dept Report Other
Citation disposition: City Driver	Claimant Driver
BASIS OF RECOMMENDATION:	
Function: Governmental X	Ministerial
Improper Notice More than Six Mont	ths Other Damages reasonable X
City not involved Offer	rejected Compromise settlement X
Repair/replacement by Ins. Co.	Repair/replacement by City Forces
Claimant Negligent City Negligen	t X Joint Claim Abandoned
	Demostfully submitted
	Myestigator - Gwendolyn Burns
	Military and the second
RECOMMENDATION:	•
Pay \$ 1,119.35 Adverse	Account charged: 1A01 X 2J0] 2H01
Claims Manager: Mulus lust	Leul Concur/date 08-35-51
Committee Action:	Council Action
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FORM 23-61	

COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK

City Hall 55 Trinity Avenue, S.W.

			1	/		$\overline{}$
RE:	CLAIM	FOR	D/	Ŋ	MAGES	G/X

Today's Date:	 36-01
•	 •

55 Trinity Avenue, S. W. Atlanta, Georgia 30335		# 01 205 1018
Dear Municipal Clerk:	ENTERED - 8-1-01 - 01L0493 - GWEN BUE	NS **
and/or SNH bouny i	have suffered damages in the amount sum of \$ injury for which I contend the City is liable.	
1. Date of incident: 7 -26 - (month/day/ y	ear) 2. Time of Incident:	• • •
4. Location of incident (including street a	address): H.E. Homes	
5. Name of your insurance company:	AUSTRIE INSURANCE	Policy No. <u>D 15 21 46.39</u>
State what and how incident occurred	: Atlanta City VAN # 203	57 Bated into my
VOUSIE WHIE Q A	STOP SIGN. City WELTICLE b	actily to let Another whick
has as to the street	we were sitting I blew	my hard to set city to stop
in backing on to my	vehicle.	
7. ALL ESTIMATES AND DAMAGI RESULT IN YOUR CLAIM BEING	ES ARE SUBJECT TO INSPECTION. THE GENIED AND MAY RESULT IN CRIMI CALLED FOR SUBJECT OF THE SUBJE	IE MAKING OF FALSE CLAIMS WILL NAL PROSECUTION!
proof of ownership of your venicle (c	opy of the current mg receipt or strain,	· .
Your vehicle: Ruick	1190	(Discorda Marra)
Your vehicle:(Make)	(Year) (Tag Number)	(Driver's Name)
(Make) City vehicle:(Make)	(Year) (Tag Number) (City Driver's Name)	(Department/Bureau)
City vehicle:(Make) 9. Witness:(Name)	(City Driver's Name) (Address)	(Department/Bureau) (Telephone Number)
City vehicle: (Make) 9. Witness: (Name) 10. The acknowledgment of this clair State law, nor is it an admission of lia	(City Driver's Name) (Address) n in no way waives the Sovereign immunability on behalf of the City of Atlanta and/or its	(Department/Bureau) (Telephone Number) ity of the City of Atlanta, as granted by
City vehicle:(Make) 9. Witness:(Name)	(City Driver's Name) (Address) n in no way waives the Sovereign immunability on behalf of the City of Atlanta and/or its	(Department/Bureau) (Telephone Number) ity of the City of Atlanta, as granted by
City vehicle: (Make) 9. Witness: (Name) 10. The acknowledgment of this claim State law, nor is it an admission of liant the claim should be mailed immediately sweak or AFFIRM T	(City Driver's Name) (Address) In in no way waives the Sovereign immunability on behalf of the City of Atlanta and/or its diately to the address shown above. THAT THE ABOVE	(Department/Bureau) (Telephone Number) ity of the City of Atlanta, as granted by
City vehicle: (Make) 9. Witness: (Name) 10. The acknowledgment of this clair State law, nor is it an admission of life control of the con	(City Driver's Name) (Address) In in no way waives the Sovereign immunability on behalf of the City of Atlanta and/or its diately to the address shown above. THAT THE ABOVE	(Department/Bureau) (Telephone Number) ity of the City of Atlanta, as granted by semployee(s). HAI (Print Claimant's Name)
City vehicle: (Make) 9. Witness: (Name) 10. The acknowledgment of this claim State law, nor is it an admission of liant the claim should be mailed immediately sweak or AFFIRM T	(City Driver's Name) (Address) In in no way waives the Sovereign immunability on behalf of the City of Atlanta and/or its diately to the address shown above. THAT THE ABOVE ORRECT.	(Department/Bureau) (Telephone Number) ity of the City of Atlanta, as granted by semployee(s).
City vehicle: (Make) 9. Witness: (Name) 10. The acknowledgment of this claim State law, nor is it an admission of lia 11. This claim should be mailed immediately SWEAR OR AFFIRM TINFORMATION IS TRUE AND CO	(City Driver's Name) (Address) In in no way waives the Sovereign immunability on behalf of the City of Atlanta and/or its diately to the address shown above. THAT THE ABOVE DRRECT. 263	(Department/Bureau) (Telephone Number) ity of the City of Atlanta, as granted by semployee(s). All (Print Claimant's Name) 34 Arroword Print (Address)
City vehicle: (Make) 9. Witness: (Name) 10. The acknowledgment of this claim State law, nor is it an admission of lia 11. This claim should be mailed immediately SWEAR OR AFFIRM TINFORMATION IS TRUE AND CO	(City Driver's Name) (Address) In in no way waives the Sovereign immunability on behalf of the City of Atlanta and/or its diately to the address shown above. THAT THE ABOVE DRRECT. 263	(Department/Bureau) (Telephone Number) ity of the City of Atlanta, as granted by semployee(s). HAI (Print Claimant's Name)

GENERAL RELEASE AND INDEMNIFICATION

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CLAIM NUMBER 01L0493	\$	1,119.55	
IN CONSIDERATION of the sum of 35/100 DOLLARS, to be paid to me acknowledged, I do hereby, for myself, my	hy the CITY OF ATL	ANTA, the future receir	it of which is neredy
acknowledged, I do nereby, for mysen, my discharge said City, its officers and employed claims, demands, actions, causes of action, su on account of anything that has heretofore occ	s, including but not lim its damages, loss and e	nted to <u>Keena L. Broo</u> expenses, of whatsoever	ks, from any and an kind or nature for or
which occurred on or about the 24th	day of	July	, 2001
at or near Rockwood Road, NW and H.E. H	<u>lolmes Drive, NW</u>		•
It is further understood and agreed that admission on the part of the City, its officers undersigned further covenants and agrees to it servants and employees, from any and all claugents, servants and employees, may be called And I now state that the only consider of the sum stated above; that no other promis said City or its agents to cause me to sign the instrument.	, agents, servants or endemnify and hold hard aims, damages or costsed upon to make as a rest ration for my signing the	mployees, of any flability miless the City of Atlanta which the said City of sult of the event hereinb is release and indemnificind or nature has been not the said of the said indemnificing the said of the said indemnificing or nature has been not the said of the said o	A whatsoever and the a, its officers, agents, Atlanta, its officers, efore referred to. cation is the payment hade to or with me by
WITNESS my hand and seal this	0 <	day of <u>2</u>	, 20 0 /
Gersey Trables Pellons Unitary, Osciegla My Commission Explics Coptember 14, 2003	JOHN HALL	Hall	(LS)
The above release was read and expl	in c	the said our presence of the date the presence of the date the presence of the date the said	L